

# **SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**



## **SOUTH CAROLINA'S CONTINUOUS IMPROVEMENT FOCUSED MONITORING SYSTEM**

### **MONITORING MANUAL**

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### CHAPTER 1 – GENERAL SUPERVISION

The Department of Health and Environmental Control is responsible for the administration and oversight of the BabyNet Early Intervention Program and is the Lead Agency, appointed by the governor, for the Individuals with Disabilities Education Act (IDEA) Part C Program in South Carolina. As the Lead Agency, DHEC must ensure that early intervention services in South Carolina meet the needs of infants and toddlers and their families. This is accomplished by:

- A. Ensuring compliance with IDEA, Part C federal regulations, state policy, program contract requirements and implementation of improvement efforts;
- B. Providing ongoing technical assistance, training and support to providers, and participating agencies;
- C. Ensuring continuous quality improvement through ongoing planning, implementing, analyzing, evaluating and improving activities to ensure improved results for infants and toddlers and their families;
- D. Development of a coordinated interagency Continuous Improvement Focused Monitoring System.

DHEC is committed to the development and utilization of mechanisms and activities that result in effective general supervision of the BabyNet System. Effective supervision ensures that infants and toddlers and their families have quality early intervention services provided within the context of daily routines and activities.

Part C of the Individuals with Disabilities Education Act (IDEA) provides federal funding to assist states in the development of a comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for eligible infants and toddlers with developmental delays, disabilities, or conditions associated with a high probability of developmental delay and their families. As a condition for receiving federal funding under Part C of the IDEA, States must ensure cooperation among state agencies involved in administering Part C services to eligible infants, toddlers and their families. The South Carolina Department of Health and Environmental Control (DHEC), is responsible for ensuring that each participating agency complies with Federal and State laws and regulations, the South Carolina Infant and Toddlers with Disabilities Act (Title 44, Article 21, Chapter 7), and BabyNet Policies and Procedures.

The U.S. Department of Education Office of Special Education Programs (OSEP) monitors the South Carolina DHEC Part C System to ensure that processes and procedures are in place to meet the IDEA's general supervision requirements. When reviewing the general supervision system, OSEP review includes:

- 1. Annual Performance Reports;
- 2. Quarterly Compliance Plan reports;

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3. Continuous Improvement Focused Monitoring System; and
4. Section 618 and BabyTrac data.

DHEC, as lead agency, meets the general supervision requirements through activities listed below.

### Measurable State Goals

BabyNet utilizes the goal areas contained in the Annual Performance Report (APR) and the Compliance Agreement. A stakeholder group (identified on page 10 of this manual) has assisted DHEC in prioritizing goals for BabyNet. These goals align with the responsibilities of the BabyNet System related to General Supervision, as well as the provisions of IDEA Part C and the South Carolina Infant and Toddlers with Disabilities Act. Performance indicators established for these goals were used to rank Regions to determine the order of onsite monitoring visits. The Stakeholder Group will review BNCT progress and revisit these goals annually to determine if changes in priority are warranted.

### Policies and Procedures

BabyNet has established policies and procedures collaboratively with other participating agencies to ensure implementation and compliance with state and federal law and regulations. The South Carolina Infant and Toddlers with Disabilities Act requires that participating agencies or programs providing Part C services to infants and toddlers with disabilities or developmental delay and their families be operated in accordance with requirements required by IDEA Part C.

In accordance with South Carolina's Compliance Agreement, DHEC is developing a compliance plan with each of the twelve (12) Regions for submission to OSEP. Compliance plans will be ongoing and revised as needed based upon outcomes achieved, results of monitoring, data analysis, or other identified needs.

### Collecting and Utilizing Data

BabyTrac is South Carolina BabyNet web-based data system that:

- a) Collects child and family demographic, Individualized Family Service Plan (IFSP), and timeline compliance data;
- b) Disaggregates data into meaningful units for analysis necessary to drive compliance and improvement efforts and inform monitoring processes;
- c) Generates reports to display data in meaningful ways by providing data that can assist BN Service/Intake Coordinators in providing timely services and tracking children; and
- d) Generates reports, by DHEC Region, on indicators used to monitor compliance and improvement of Regions; and

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- e) Target areas for statewide and district intervention including technical assistance, correction and enforcement.

The database is currently being revised to provide additional information on the goal areas and indicators identified. Future database revisions will be made as necessary.

### Training and Technical Assistance

BabyNet has created an informed process of professional development in order to equip early intervention providers with the knowledge and skills necessary to ensure successful implementation and results. The BabyNet Comprehensive System of Personnel Development (CSPD) plan is designed to ensure an adequate cadre of qualified well-trained early intervention providers. The CSPD also ensures adequate training opportunities for parents. The plan describes strategies for how the state will address the identified needs related to in-service and pre-service preparation to ensure that all personnel who work with infants and toddlers with disabilities or developmental delays and their families have the skills and knowledge necessary to meet their individual needs. Strategies include collaboration with other Part C participating agencies in the development and implementation of a comprehensive statewide technical assistance system that will promote high quality early intervention services in accordance with Part C of IDEA. Collaborative efforts include, but are not limited to: Child care training initiatives; procedural safeguards training; transition training; Head Start regional training; Training for Parents as Teachers; Parent groups, and: First Steps. BabyNet will also work collaboratively with participating agencies to develop joint training.

DHEC, as Lead Agency for Part C and the State Department of Education, Office of Exceptional Children, as the Part B participating agency, will work collaboratively to distribute transition materials and training on the transition of children and families from Part C services to Part B services.

### Procedural Safeguards

Agencies receiving Federal Part C or State BabyNet funding shall provide input into and abide by the procedural safeguards requirements and agree to provide and ensure the implementation of procedural safeguards required under Part C and FERPA as set forth in the BabyNet Policy and Procedure Manual. An aggregate analysis of information regarding complaints filed with the Lead Agency will be used to inform the monitoring process.

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### Focused Monitoring

The system design of the BabyNet monitoring process parallels the Office of Special Education Programs (OSEP) Continuous Improvement Focused Monitoring System ensuring general supervision of the Part C System.

Themes of the BabyNet monitoring process include:

1. Monitoring is continuous;
2. Stakeholders are involved;
3. The State accepts accountability;
4. Monitoring is data-driven;
5. Monitoring process is public;
6. Technical assistance is integral;
7. Consequences for behavior.

BabyNet's general supervision system is designed to identify and correct areas of noncompliance and as such includes a system of enforcement including sanctions and incentives. The focused monitoring system is described in this manual.

## **CHAPTER 2 – DISTRICT COMPLIANCE AND CORRECTIVE ACTION PLANS**

### Collecting and Utilizing Data

BabyTrac is used to collect data on children and families from referral through exiting from the Part C system. The BabyTrac Part C data system includes procedures for the collection and compilation of data on the statewide system. The procedures include a process for collecting data from all applicable agencies and service providers in the State.

### Use of Data

OSEP requires data on the percentage of children participating in the Part C program who demonstrate improved and sustained functional abilities in the following developmental areas:

- (A) Cognitive development;
- (B) Physical development, including vision and hearing;
- (C) Communication development;
- (D) Social or emotional development; and
- (E) Adaptive development.

In addition, the following data are collected and reported:

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- Children with an active Individual Family Service Plan (IFSP) -by age and race/ethnicity;
- Primary setting where children are receiving services;
- Information on children exiting Part C;
- Type of early intervention services the child is receiving; and
- Employed or contracted personnel who provide early intervention services to the infants and toddlers.

South Carolina's Compliance Agreement also includes additional data collection and reporting responsibilities.

BabyTrac allows each BabyNet Coordination Team (BNCT) to assess current system compliance and performance and measure growth towards goals that result in system improvement based on valid and reliable data. Reports generated from BabyTrac are used to assist:

- Service Coordinators in monitoring individual child and family service delivery;
- Supervisors in monitoring personnel and program compliance and performance; and
- District BabyNet Coordination Teams with the following functions according to BabyNet Policies and Procedures:
  1. Targeted Child Find – assist in the local coordination of child find efforts to ensure eligible children and their families representative of the population are identified;
  2. Program Monitoring/Coordination – assist in monitoring local system compliance and performance to ensure BabyNet policies and procedures are met and infants and toddlers and their families receive services in accordance with Part C of the Individuals with Disabilities Education Act requirements;
  3. Communication – serve as a tool for distributing and obtaining information and improving communications;
  4. Planning correction of noncompliance and implementation of improvement strategies; and
  5. Coordination of training and technical assistance when data identifies areas requiring corrective action or improvement.

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## CIFMS Monitoring Manual

Multiple Data Sources

Monitoring Division

Changed behaviors and practices for increased compliance, performance and quality outcomes for families and children

BabyNet Coordination Team  
Compliance Data Report

SC Interagency Coordinating Council  
BabyNet Central Office  
State agency representatives

BabyNet Coordination Team Minutes: Region Compliance/Corrective action plans and Data Reports

Deficiencies identified and corrective action plan implemented in a timely manner.

### Data Sources:

**DHEC BabyNet Coordinators:** Intake & Eligibility Form, Informed Clinical Opinion Summary, Client Profile, Continuation Notes, BabyNet Physician Input Form, Notice & Consent for Initial Evaluation/Assessment, BabyNet Evaluation Summary, BabyNet Compliance Data Reporting Form.

**BabyNet Service Coordinators:** Written Prior Notice Form, IFSPs, Declining Services Form, Justification for Services in Other than Natural Environments, Transition Plans, Transition Referral Form, BabyNet Payment Authorizations, IFSP Review Form, BabyNet Compliance Data Reporting Form, Service Notes.

**BabyNet Coordination Teams:** BabyTrac-II, desk audits, onsite file reviews and BNCT Minutes, BNCT Compliance/Corrective action plan Corrective action plans.

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### CHAPTER 3 – FOCUSED MONITORING

#### Supervision and Monitoring of Programs

The South Carolina Department of Health and Environmental Control (DHEC), as the Lead Agency, is responsible for the general supervision and monitoring of programs and activities used in South Carolina to carry out BabyNet services to ensure state compliance with Part C of IDEA, regardless if the program/activity is or is not receiving assistance under Part C.

DHEC will take necessary steps to ensure the following:

- Monitoring of agencies and organizations that are part of the statewide effort under BabyNet;
- Identifying and verifying noncompliance with federal and state requirements;
- Enforcing obligations imposed on agencies by regulations and an Interagency Memorandum of Agreement (MOA) through sanctions including, but not limited to, discontinuing contracts/sub-contracts and enforcement through dispute resolution procedures outlined in BabyNet Procedural Safeguards Manual;
- Providing technical assistance, as necessary, to those agencies; and
- Ensuring the correction of deficiencies identified through monitoring in a timely manner.

#### Part C Interagency Focused Monitoring

BabyNet will ensure that all eligible infants, toddlers and their families have access to appropriate early intervention services in accordance with IDEA/Part C requirements and BabyNet Policies and Procedures through the development and implementation of an interagency comprehensive focused monitoring system as a part of the state's general supervision system. Focused monitoring is used to target priority goals and indicators that will drive the onsite monitoring process.

The model described herein sets forth a focused monitoring model that has been developed by a broad group of stakeholders that includes representatives from state and private agencies that serve infants and toddlers with disabilities and developmental delays and a representative from the state agency managing insurance for children.

Representatives from the following agencies are included on the BabyNet Stakeholder group:

- Department of Disabilities and Special Needs (DDSN)
- Department of Education (SDE)
- Department of Health and Environmental Control (DHEC)

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- Department of Health and Human Services (DHHS)
- Department of Insurance (DOI)
- Department of Social Services (DSS)
- Department of Mental Health (DMH)
- School for the Deaf and the Blind (SCSDB)
- Head Start
- Advocates for families and children with disabilities,
- Parents of children with special needs
- Family Connection
- PRO-Parents
- Teaming for Early Childhood Solutions (TECS)

### Principles and Assumptions of a Focused Monitoring System

- Monitoring system is collaborative, systematic and interagency;
- Limited resources are allocated to the areas of greatest need, which are determined by identifying what is most likely to lead to improvements in family outcomes;
- Available information is used to select goals that would improve family outcomes and increase access to early intervention services for infants and toddlers with disabilities;
- Monitoring strategy is systematic;
- Monitoring strategy encourages agencies to monitor agreed upon areas of focus;
- Corrective actions ensure changes that result in positive outcomes for families;
- Monitors are well trained and engaged in continuous professional development;

(Draft Continuous Improvement and Focused Monitoring System Accountability Manual, July 2003).

### Elements of South Carolina Focused Monitoring System

The Stakeholder group assisted DHEC in identifying:

- A limited number of goals:
- A limited number of indicators for each goal area:
  - Goal: Statement of the condition we want for infant and toddlers with disabilities and developmental delays that can be measured.
  - Indicator: Statement that quantifies the goal and signals whether the goal is being achieved.

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Target: The desired level of the goal's indicator measure to be reached within a time period.

Trigger: The point at which intervention occurs.

DHEC completed the following activities:

- Data based on the goals and indicators are used to rank Regions;
- Standard, uniform targets are used for inquiry when making monitoring decisions;

DHEC, as the Lead Agency, coordinates the onsite monitoring schedule based upon their rankings to ensure attention to those Regions in most need of improvement in order to achieve corrective actions/improvements within a specific time frame.

### Goals:

Goals are based on the key requirements of the IDEA, defined as those items, if fully implemented, would make a significant difference for infants and toddlers with disabilities and their families. These goals have been selected by a group of stakeholders that have identified the following for South Carolina Part C system for calendar years 2004-2006:

- \*Number of children with initial IFSPs greater than 45 days from date of referral;
- Number of eligible children with IFSPs;
- \*Number of children with IFSPs waiting for services ;
- \*The number of initial or annual IFSPs without all developmental areas evaluated/assessed, including vision and hearing;
- The number of children not referred to Part B prior to child's third birthday;
- The number of the children without a transition conference;
- The number of children without a transition plan.

**Note: \* Indicators were selected by stakeholders to rank order of onsite visits.**

DHEC rankings for critical performance indicators based on recommendations from the stakeholders are provided below:

- Number of children with initial IFSPs greater than 45 days from date of referral;
- The number of children with IFSPs waiting for services, and;
- The number of initial or annual IFSPs where children were not assessed or evaluated in all areas of developmental, including hearing and vision.

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### Implementation of a Focused Monitoring System

DHEC, as Lead Agency, with other state agency representatives has developed a detailed monitoring infrastructure and Technical Assistance plan that includes the following elements:

- Focused onsite monitoring and desk review;
- Focused offsite monitoring and desk reviews;
- Data analysis and verification;
- Monitoring tools;
- Technical Assistance;
- Review of complaints and disputes, and;
- A basic structure that identifies areas of noncompliance and improvement and ensures correction and continuous improvement.

An interagency monitoring team has been established and trained. A schedule for on and off site review visits has been established and the first onsite focused monitoring visit was conducted August 16-17, 2004. An offsite desk review and training for use of onsite tools was held on August 6, 2004. Notification of records to be reviewed onsite was sent to Trident by August 6, 2004.

A protocol tool for family interviews was developed by August 1, 2004 and family interviews were conducted by telephone prior to the onsite visit. Interviews were conducted with those families whose records were selected for review.

Protocols/questions/note taking procedures and summary tools were developed for 3 provider focus groups (service coordinators, DHEC system point of entry staff (SPOE) staff, BabyNet Coordination Team, and contract providers) by August 1, 2004.

The format for debriefing sessions, exit information, and an outline of the summary report to include focus group information were also developed by August 15, 2004.

Onsite monitoring reports will be completed and findings will be incorporated into BabyNet Coordination Team Compliance/Corrective action plans.

DHEC will use data currently collected through agency records/file reviews, BabyTrac data system reports, minutes from System Manager meetings and procedural safeguards complaints to prepare for the onsite monitoring. The data will be reviewed by BabyNet Central Office personnel and organized, analyzed and synthesized in a format to present to the monitoring team.

The monitoring team gathers any additional pre-site data needed. An on or off site review of the area will be conducted and data will be validated. A minimum of fifteen (15) records will be reviewed during the visit and interviews will also be

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conducted with consumers and providers. The onsite visit will conclude with an exit interview with district personnel. For off site reviews, the summary of findings report will be sent to the Region Director, the BabyNet System Manager, the DDSN Director of Children Services and the SCSDB Director of Early Intervention Services. The Interagency Monitoring Team will present the findings from the review at the next scheduled BNCT meeting held after the report is sent.

Corrective Action requirements and Technical Assistance will be provided in a timely manner. Regions will be required to focus their corrective action plan on areas of noncompliance and improvement and include timelines and targets to measure improvements. BabyNet providers within districts that are unable to demonstrate improvements will be subject to the procedures outlined in corrective actions section of this manual.

### District Selection

A minimum of four (4) Regions will have an on-site visit the first calendar year of implementation of South Carolina Part C monitoring system to assess compliance with IDEA Part C Federal and State Regulations as well as the BabyNet Policy and Procedure Manual. Each year thereafter, a minimum of one (1) Region will be visited per quarter. This is in addition to ongoing monitoring procedures and ongoing technical assistance of all districts.

The order of district visits will be ranked on the three critical indicators (found on page 11) that were recommended by stakeholders. Districts with highest noncompliance rate in the areas indicated will be visited first. Selection methods for determining reviews after completion of the state Corrective Action Plan will be made through ranking of Regions on Stakeholder selected indicators.

### Team Members Roles and Responsibilities

The monitoring team will be comprised of professionals from different agencies providing services to children and families under IDEA Part C and shall include the following members for both desk reviews and onsite visits:

- Team Leader – BabyNet Central Office;
- Co-Leader – Rotating team member from MOA participating agency;
- Program Manager – Representatives from MOA participating agencies;
- Family member of a child with special needs (desk audit only) - DHEC Region Parent Liaison
- Transition Coordinator – Central Office Transition Coordinator;
- Provider Representative – when available;
- Part C Data Manager – BabyNet Central Office;
- System Manager - BabyNet central office appointee.
- TECS Representative

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The role of all team members is critical to the success of the on-site visit. The specific role of each team member is described below:

### Team Leader & Co-Leader

The Team Leader & Co-Leader responsibilities include:

- Communicating and coordinating training needs with TECS;
- Organizing, analyzing and synthesizing district data and planning the monitoring review;
- Coordinating with the district and meeting with the district administration;
- Ensuring that records are signed in and out and secured in a locked space;
- Leading the monitoring team during the review;
- Preparing the monitoring team for the review;
- Scheduling team assignments;
- Facilitating daily activities and debriefing;
- Ensuring that client profiles and reason for audit selection are available for each record to be reviewed;
- Summarizing daily reports;
- Submitting final report to DHEC administration for review, and revising it as needed;
- Traveling to monitoring site and required meetings.

The Team Leader & Co-Leader are responsible for informing team members of:

- The focus and purpose of the visit based on the district's data;
- The preliminary schedule;
- The various forms and how they should be used;
- Note taking;
- The anticipated outcome and expectations;
- District specific information.

The Team Leader & Co-Leader is responsible for providing other team members with:

- Interview, observation and file review forms with specific items identified;
- Summary forms;
- Assignments for the day;
- List of contact persons/building administrators; and
- Materials for parent input based upon decisions made for each review. These may include interview formats, contact sheets, Focused Monitoring sheets, flipcharts/markers for parent meeting (if there is a parent meeting).

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### **Team Members**

All team members are responsible for:

- Attending focused monitoring training;
- Reviewing and analyzing data at desk review;
- Traveling to monitoring site and attending required meetings;
- Conducting phone interviews, if required;
- Conducting face-to-face interviews, if required;
- Reviewing files;
- Attending team meetings; and
- Participating in on and offsite reviews.

Training occurs for all team members on an annual basis and/or as needed. The purpose of this training is to provide team members with:

- Information about the monitoring process;
- Protocols and other forms;
- Opportunity to interact with other team members;
- Data on district improvement in areas of focused monitoring;
- Information on the specific indicators;
- Expectations of team members.

(Adapted from: Illinois State Board of Education Draft Focused Monitoring Procedures, Spring 2004).

### **Desk Review**

The desk review will consist of a review of the following for each area monitored: agency records, BabyTrac Benchmark Data, minutes from System Manager meetings, district corrective action plans, Local Interagency Transition Agreements, result from local monitoring or system reviews and complaints from the region

The desk review will be conducted prior to the onsite with all team members present. Prior to the desk review, BabyNet Central Office personnel will organize, analyze and synthesize the data into a format to present to the team. Additional pre review data will be gathered if needed.

### **Notification**

DHEC will notify selected districts BabyNet Coordination Team and MOA participating agencies in writing 30 calendar days prior to target date to schedule the review. (See Appendix A for sample letter). DHEC will work with selected districts to schedule the review. Consideration is given to the individual district needs and calendar.

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A letter will be sent to the district containing the following information:

- Confirming the date of the visit;
- Explaining typical schedule;
- Requesting accommodations and information to be available if needed; and
- Specifying responsibilities of district staff during review (Sample Confirmation Letter is attached)

If a parent meeting is arranged, DHEC will develop and send a parent meeting flyer to the district for dissemination to parents (2-3 weeks prior to visit). See Appendix for sample parent meeting flyer.

The most current BabyTrac data reports as well as statewide assessment data, as applicable, will be provided by the BabyNet Central Office Data Manager. The Team Leader reviews the reason for district selection and data provided. The Team Leader makes contact with the district administration to:

- Make initial introductions;
- Request additional information and/or data as appropriate;
- Confirm meeting space for Focused Monitoring team;
- Schedule initial meeting with district administration (at district discretion);
- Confirm parent meeting time and location (if scheduled);
- Makes travel arrangements and then contacts team members in order to;
- Provide travel information;
- Establish time and place of initial team meeting;

Ten (10) calendar days prior to the review, a letter will be sent to the districts and participating agencies, informing them of the early intervention records randomly selected for on-site review and the need for them to be available on the on-site visit day. Each agency is responsible for ensuring that requested records are available at the specified location prior to the start of the record review process.

All activities are completed to ensure that the team and district personnel are fully informed of the focus and activities that will occur during the review..

### Review Activities

The on-site visit begins with an initial team meeting. The agenda for the first visit to Trident was:

#### Day 1

- Review of the purpose
- Introduction/roles
- Schedule of activities
- Focus groups with system providers if scheduled

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- Desk review
- Summary of findings from the desk review
- Begin record review if time permits
- Monitoring team debriefing

### Day2

- Continue record reviews
- Summary of findings from review
- Coordination of findings from desk review, record review, and provider and family input into priority areas of compliance
- Plan for exit conference if onsite
- Begin Draft of Summary of Findings Report
- Monitoring team debriefing
- Exit meeting if onsite.

A random sample of fifteen (15) interagency early intervention records will be reviewed for each area monitored. Information reviewed shall consist of:

- Referral Tracking Data Verification;
- Eligibility data;
- Initial and annual Evaluation/Assessment Reports;
- Child Find Data;
- Initial, annual and review IFSP data and Forms;
- Monthly and quarterly progress summaries;
- Provision of services, initial start date, location of services, progress notes/reports;
- Interviews/surveys with providers and families.

Parent satisfaction surveys will be conducted and summarized prior to the review. If scheduled, the parent input meeting or interview will be held the first day of the review visit and can be approximately 60-90 minutes in length. The purpose of the survey or meeting is to gather parental input on the focused area(s) of the visit to assess satisfaction with services provided through BabyNet. It is not intended to address individual issues. If a parent in attendance feels compelled to bring individual issues to the attention of the team, an individual interview is scheduled with that parent at another time. After the meeting, the team considers information and makes any needed adjustments in interview questions or file review items.

A team meeting is held after each day of investigation. The Team leader leads meeting as well as sorts and organizes findings. The Team re-examines team activities and adjusts as necessary and the Team Leader makes assignments for next day.

On the final day of visit:

- Team completes or follows up on any unanswered questions;

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- Team leader or Co-leader collects the last summaries and all documentation from team members;
- Team leader or Co-leader (and team) has a closing meeting with district personnel if review is conducted onsite, general information will be given in the closing meeting. Specific findings are not discussed.

Page 21 contains a list of all forms used by the focused monitoring team.

### Report Writing

Record review tools will be used during both on and offsite reviews. The team will review the findings and prepare a written report of findings and areas of noncompliance and improvement to submit to each Region within 30 calendar days of the review. A finding is an area of noncompliance related to a specific indicator for which the district is being monitored. If additional areas of noncompliance are uncovered, the team will investigate and report on those areas as well. The report includes descriptions of the findings of noncompliance including citing related state and federal regulations. The report also lists the supporting evidence used by the team in making the determination of noncompliance. Comments and discussion are included to provide background and support information and/or observations by the team.

Based on the supporting evidence of areas of noncompliance, the report includes specific requirements for change. The district must submit a corrective action plan to BabyNet Central Office within 30 calendar days of receipt of the written report. Monitoring to ensure compliance with corrective action plan will be ongoing and follow up visits and technical assistance will be provided as needed. Districts failure to comply with corrective action plan or to show continuous improvement in areas of noncompliance will be sanctioned appropriately as outlined in the Corrective Actions section of this manual. Upon receipt of the district's Correction Action Plan, BabyNet Central Office will determine if the plan is acceptable. District Compliance Plans will be modified to address issues cited in the Corrective Action Plans. South Carolina Part C monitoring system will assess the effectiveness of the monitoring process annually and modify as needed.

### CHAPTER 4 – CORRECTIVE ACTION/CORRECTIVE ACTION PLANS

The team will review the findings and prepare a written report of findings and areas of noncompliance and submit to the Region within 30 calendar days of the review. The district has 30 calendar days to review the findings of the report and submit to a corrective action plan to BabyNet Central Office.

The final report includes descriptions of the findings of noncompliance including citing the related state and federal regulations. The report also lists the supporting evidence used by the team in making the determination of

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noncompliance. Comments and discussion are included to provide background and support information and/or observations by the team. This information is intended to provide the district with additional information related to the team's findings.

The final report is a public document and must be released to the public upon request according to the Inspection of Public Records Act. Reports and performance data will be available on DHEC web site.

The Monitoring Division will assess the effectiveness of monitoring process annually and make modifications accordingly.

## CHAPTER 5 – INCENTIVES, CORRECTIVE ACTIONS AND SANCTIONS

### Incentives

Regions that meet the established performance criteria in all goal areas will be acknowledged for their accomplishments. Incentives may include but are not limited to, district visit from the Inter Agency Coordinating Council to acknowledge accomplishments, Certificates of Appreciation , News article, or other form of public recognitions, etc.

### Corrective Actions

In response to the monitoring findings, BabyNet contracted providers are required to collaborate with the local BabyNet Coordination Team in the development, implementation, and evaluation of corrective action plans. When providers fail to accomplish the required activity, identified through the corrective actions planning process, policies and procedures related to provider noncompliance will be applied.

In response to monitoring findings, local representatives of BN participating state agencies and/or their sub-contractors are required to assist with the corrective action/corrective action planning efforts by collaborating in the development, implementation, and evaluation of corrective action plans related to noncompliance within their respective agencies/organizations or as related to overall program performance.

DHEC System Managers shall coordinate resolution of instances of deficiencies as identified through monitoring processes through the BabyNet Coordination Teams. When corrective actions are not implemented within the required timeframe, BabyNet Central Office will call a meeting with state level representatives to discuss resolution, next steps, and sanctions that will be implemented to ensure immediate correction of deficiencies.

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In the event that the steps mentioned above do not result in resolution of the noncompliance, the process as approved in the Interagency MOA regarding dispute resolution may be used.

### Sanctions

The Department of Health and Environmental Control will take necessary steps to ensure the following:

- Monitoring of agencies and organizations receiving Part C assistance;
- Identifying and verifying suspected statutory, regulatory, and policy noncompliance's;
- Enforcing obligations imposed on agencies by regulations and the Interagency MOA through sanctions including, but not limited to, discontinuing contracts/sub-contracts and enforcement through the dispute resolution procedures contained in this agreement. BabyNet provider contract and sanction procedures are included in Appendix 4;
- Providing technical assistance as necessary to those agencies; and
- Overseeing the correction of deficiencies identified through monitoring.

The Participating Agencies receiving Federal Part C or State BabyNet funding agree to implement a multi-agency monitoring and supervision system to:

- Ensure each agency and its contractors/sub-contractors are in compliance with Part C regulations and this MOA through the administration of sanctions including, but not limited to, discontinuing contracts/subcontracts, withholding of funds, requiring corrective actions, or disciplinary actions in accordance with each agency's personnel standards;
- Ensure non-discriminatory evaluation & assessment in determining eligibility for Part C services;
- Establish interagency on-site Monitoring Teams;
- Establish and implement sanctions and rewards regarding compliance;
- Clarify responsibility in assisting eligible infants and toddlers and their families in achieving IFSP outcomes (related to monitoring);
- Ensure interagency participation on the local BabyNet Coordination Teams;

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## CIFMS Monitoring Manual

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- Ensure sharing of monitoring results across all participating agencies and technical assistance related to monitoring of compliance;
- Establishment of interagency procedures on monitoring; and
- Ensure submission and dissemination of data for use in monitoring.

All parties agree to develop and participate in the timely collection, verification, analysis, reporting, and usage of data for the purposes of intra- and interagency monitoring and program improvement. Supervision will be carried out by periodic monitoring process to review programs and services as part of a continuous improvement process.

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**APPENDICES**

APPENDIX A:	District Review Notification Letter
APPENDIX B:	District On-site Review Confirmation Letter
APPENDIX C:	District Off-site Review Confirmation Letter
APPENDIX D:	Sample Parent Flyer
APPENDIX E:	Parent Satisfaction Survey
APPENDIX F:	BabyNet CIFMS Review Record Sign In and Out Log
APPENDIX G:	BabyNet CIFMS Record Review Tool
APPENDIX H:	System Providers Input Questions
APPENDIX I:	Summary of Report of Findings Letter
APPENDIX J:	Summary of Report of Findings Template
APPENDIX K:	BabyNet District Corrective Action Plan Template
APPENDIX L:	CIFMS Timeline/Planning details Template for Review

**APPENDIX A**

**SAMPLE LETTER**

**BabyNet Review Notification Letter**

[BABYNET System Manager]  
[HEALTH District, Region}  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [ BABYNET SYSTEM MANAGER]:

This letter is to inform you that the BabyNet Monitoring Team will be conducting an on-site visit to your Region on \_\_\_\_\_. The purpose of this visit is to ensure that BabyNet services are being delivered in compliance with IDEA Part C Federal and State Regulations as well as BabyNet Policies and Procedures. As the Central Office Monitoring Coordinator, I will be your point of contact through this process. The Monitoring Team will be comprised of a number of professionals from different agencies providing services to children and families under Part C and will also include a parent representative and a System Manager from another Region.

We look forward to our upcoming visit with your district. If you have any questions or concerns, please contact MONITORING COORDINATOR at PHONE #.

Sincerely,

Name  
Monitoring Coordinator

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## **APPENDIX B**

### **SAMPLE LETTER**

#### **BabyNet On-site Review Confirmation Letter**

BABYNET System Manager]  
[HEALTH District, Region}  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [ BABYNET SYSTEM MANAGER]:

This letter is to confirm the on-site visit to your Region scheduled for \_\_\_\_\_. It is requested that a workspace large enough to accommodate at least eight team members be provided for the team's use. The schedule for the first day will include an opening meeting with district personnel to introduce the monitoring team and district personnel, explains the purpose, scope and schedule of the visit, set meetings with any district administration or ancillary personnel for interviews, and answer any questions from district personnel. It is requested that a parent meeting be arranged on the first day of the visit to assess parental satisfaction with the early intervention services received through S.C. Part C system. The middle day(s) of the visit will be devoted to data collection and actual on-site investigations. On the final day of the visit, the team completes or follows up on any unanswered questions. The Team Leader collects the last summaries and all documentation from team members. An exit conference with district personnel will be held on the last day of the visit to provide a brief, general overview of findings and next steps. Specific findings will not be discussed. Official written notification of findings will be provided within 30 days of the visit.

Enclosed is a list of records that are requested for the review. Thanks for your assistance with scheduling this process. If you have any questions or concerns, I can be reached at (803) 898-0616).

Sincerely,

Name  
Monitoring Coordinator

Enclosure

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## **APPENDIX C**

### **SAMPLE LETTER**

#### **BabyNet Off-site Review Confirmation Letter**

BABYNET System Manager]  
[HEALTH District, Region}  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [ BABYNET SYSTEM MANAGER]:

This letter is to confirm that the BabyNet Monitoring Team will be monitoring your Health District on \_\_\_\_\_(date). The review will be held at the \_\_\_\_\_(location). As a part of the review, parent satisfaction surveys or meetings will be conducted prior to day one of the review to seek input from parents about their experience with BabyNet. The monitoring team will also seek input from targeted groups of BabyNet providers including: a) System Point of Entry (SPOE) staff, b) BabyNet Coordination Team Members, c) Ongoing Service Coordinators and c) Service Providers.

The Desk Review will be conducted on the first day and will include a review of BabyTract Data, BabyNet Coordination Team Minutes, District Improvement Plans, results from monitoring reviews conducted and complaints received on the local level, and results from the Parent Satisfaction Surveys or meeting.

The remaining days will consist of a review of records representing the system of agencies providing BabyNet service coordination. These agencies will include DHEC, DDSN and SCADB. The record review will focus on adherence to BabyNet Policies and Procedures including, but not limited to intake, eligibility, initial IFSP, Annual IFSP and Transition out of BabyNet.

Upon completion of the review, the BabyNet Interagency Monitoring Team will provide a written Summary Report of Findings to you within 30 days. Additionally, the team will review the findings with your BabyNet Coordination Team at their next Meeting, which is scheduled for \_\_\_\_\_ at \_\_\_\_\_(date and time).

Enclosed is a list of records requested fro the review. This list will be sent to \_\_\_\_\_(DHEC SM), Jennifer Buster, DDSN, and Lynda Smith, SCADB. These persons will assure that the records for children they serve are COPIED and delivered to the appropriate agency leaders no later than \_\_\_\_\_(date).

Thank you for your assistance with this process. If you have any questions or concern, I can be reached at \_\_\_\_\_(number).

Sincerely,

Name  
Monitoring Coordinator

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## APPENDIX D

### SAMPLE FLYER



### PARENT MEETING

BabyNet is implementing its Focused Monitoring system to access compliance with IDEA Part C Federal and State Regulations, as well as BabyNet Policy and Procedures for South Carolina's system of Early Intervention Services. The BabyNet Monitoring Team has scheduled an on-site visit to your Region for \_\_\_\_\_. You are invited to attend a BabyNet parent meeting for your Region. The Purpose of the Meeting is to discuss your satisfaction with the early interventions services received through BabyNet. Please be prepared to discuss any issues, problems or concerns regarding the services provided to your family through BabyNet.

**DATE:**

**TIME:**

**LOCATION:**

We value your input so please plan to attend this important meeting. For more information, please contact (System Manager) at \_\_\_\_\_.

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### APPENDIX E

#### BABYNET PARENT SATISFACTION SURVEY

District:

County:

Child Name:

Parent Name:

Phone Number:

Date of Birth/Age

BN Stage:

1. How did you learn about the early intervention system (BabyNet)?
2. Approximately, how long have you received services from BabyNet?  

yearsmonths
3. What was your initial impression of BabyNet services?
4. Is there a person who makes sure that your child gets all the services (i.e., medical, developmental, mental health, therapies, and others) that are needed and that these services fit together in a way that works for you? This person is called a service coordinator.  

yes, have one

yes, have more than one (how many )

no

don't know/not sure
5. What is the name of your child's service coordinator?
6. For what agency does the service coordinator work?
7. Does your service coordinator have a good understanding of your child's health care and services needs?  

yes

no

don't know/not sure
8. How long have you worked with your current service coordinator?
  - a. less than 1 year
  - b. at least 1 year but less than 2 years
  - c. at least 2 years but less than 3 years
  - d. 3 or more years
9. How many BabyNet service coordinators have worked with your family?

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10. How was your on-going BabyNet Service Coordinator chosen?

11. Based on the needs of your child and family, how is your child's service coordinator doing on...

	Excellent (1)	Good (2)	Okay (3)	Poor (4)	Don't Know (9)
A. Providing <b>information</b> on the <b>services</b> available through the BabyNet system					
B. Helping family <b>understand how the requested information</b> is to be used by an agency					
C. Help <b>coordinate</b> your child's care among different providers and services that help your child					
D. Help you understand your child's <b>health coverage</b>					
E. Help you identify and use other <b>community based programs or services</b> for which your child may be eligible (for example, respite, transportation, child care)					
F. Help you to get <b>other public programs</b> such as, Medicaid, Waivers, or SSI, for your child					
G. Help your family understand the <b>rights and responsibilities</b> that come with receiving BabyNet services					
H. Helping family understand that they need to <b>agree with services</b> delivered and what to do if they don't agree					
I. Offer <b>copies</b> of all reports and other documents about your child					
J. Provide <b>clear information</b> about how to get all early intervention services and who to call with any questions or problems					
K. Help you <b>connect with parents</b> who also have a child with special or developmental needs					
L. Giving family a <b>choice</b> about when visits are scheduled so they are convenient for my family					
M. Giving family chances to <b>express their opinions</b> and be the decision maker on the care of your child					
N. Spending enough <b>time with my family</b> during a visit					
O. <b>Respecting</b> our culture, ethnic identity, and religious beliefs					

12. Does your child have a written plan that describes his or her needs and services that are to be provided? It is referred to as the Individualized Family Service Plan or IFSP.

- yes, has one
- yes, has more than one
- no
- don't know/not sure

13. Do you have a copy of the plan?

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yes  
no  
don't know/not sure

14. Were you involved in the developing of the plan for your child?

yes  
no  
don't know/not sure

15. How often is this plan reviewed?

every 3 months  
every 6 months  
once a year  
don't know/not sure

16. In the last 12 months, did you have any problems getting the services of physical, occupational, speech, or therapists that your child needed?

my child did not need any services from therapists  
my child needed services from therapists and we had **no problems** getting the service or with the quality of the service  
my child needed services from therapists and we had **some problems** getting them

17. What therapies does your child receive?

OT  
PT  
Speech  
Other

18. Problems

Based on the needs of your child and family, did you experience the following problems?	PT	OT	Speech	Other
Getting a referral				
Getting an appointment				
Finding a therapist with the skill and experience to care for my child				
getting the number of visits to meet my child's needs				
coordination between my child's therapist and other providers				
the health insurance plan would not pay for this type of therapy				
therapist did not listen to my concerns about my child and the types of activities that would meet their needs				

19. Are your child's therapy services provided in a clinic or in your home or other natural environment?

20. Did your child's therapist provide activities for your child to do at home or at the childcare center?

21. Does your child receive special instruction from an early interventionist?

22. Does your special instructor help you integrate activities into your child's life?

23. Do you feel that all of the services your child needed were documented on your child's IFSP?

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24. Have you received information about transition from BabyNet to pre-school services or other services?

25.

Based on the needs of your child and family, how did the BabyNet system do in preparing you for transition out-of-early intervention services?	Excellent	Good	Okay	Poor	Don't Know
Providing information about options when my child leaves the BabyNet system					
Schedule a meeting with school personnel or other services to help establish a plan for pre-school services					

26. Does your child still have a developmental delay?

27. Overall, how satisfied are you with the BabyNet system for your child?

very satisfied  
somewhat satisfied  
somewhat dissatisfied  
very dissatisfied

28. Would you recommend BabyNet to other families with children who can benefit from early intervention developmental services?

29. Is there any thing else you would like to tell us about your child's BabyNet services?

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BABYNET CIFMS REVIEW RECORD SIGN IN AND OUT LOG

APPENDIX G

BABYNET CIFMS RECORD REVIEW TOOL  
(SEE ATTACHMENT)

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## **APPENDIX H**

### **PROVIDER INPUT QUESTIONS**

Questions will be asked of the BNCT, SPOE Staff, Service Coordination Agencies and Private Providers.

1. What is working well with BabyNet in the District?
2. What is not working well?
3. What would you like to see change?
4. What are your suggestions for improvement?

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## **APPENDIX I**

### **SAMPLE LETTER**

#### **Summary Report of Findings Letter**

[BABYNET System Manager]  
[HEALTH District, Region}  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [ BABYNET SYSTEM MANAGER]:

The BabyNet Monitoring Team conducted an on-site compliance review of Part C services provided in your Region on \_\_\_\_\_(date). Compliance reviews are conducted to identify areas where programmatic development or improvement is needed and to ensure adherence with IDEA Part C Federal and State Regulations as well as BabyNet Policies and Procedures. This is also an opportunity to not program strengths and to recognize the dedication and commitment of personnel to providing needed services to children and families served by BabyNet.

Enclosed is the Summary Report of Findings from the desk and record review. Also incorporated into the findings are the results of the Parent Satisfaction Survey or meeting and focus feedback from system providers. Your Region will be expected to develop, submit and implement a Corrective Action Plan that details your plans for addressing the areas of noncompliance cited. The Corrective Action Plan is required to ensure that services are provided according to federal and state standards for IDEA/Part C services. The Corrective Action Plan must be developed by the BabyNet Coordination Team and submitted to BabyNet Central office within thirty (30) days of receipt of this letter.

We welcome the opportunity to meet with you and the BabyNet Coordination Team to discuss the review results. If you have any questions or comments about this report, please contact me at the number listed below.

Thanks in advance for your corporation.

Sincerely,

Name  
Monitoring coordinator

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## **APPENDIX J**

### **CIFMS SUMMARY REPORT OF FINDINGS TEMPLATE**

#### **Review Dates**

#### **CIFMS Review Processes:**

**Desk Review** – The documents reviewed – included: BabyTrac data tables, BabyNet Coordination Team meeting minutes, district improvement plans Local Interagency Transition Agreements (LITA); Summaries from local record reviews; and complaints filed and processed on the local level.

**Record Review** – Fifteen records were reviewed from across all Service Coordination agencies.

**Parent Surveys or Meetings** – Parents (selected by the record review process) were be contacted and interviewed by \_\_\_\_\_(method).

**Focus Group Input** – Focus group input was collected from the following participant groups: 1) SPOE staff 2) BabyNet Coordination Tem members; 3) Service coordinators, and; 4) Private providers of BabyNet services.

**From these methods of exploration, the following findings were identified and listed within the five areas of compliance identified by OSEP in our state Compliance Agreement. Within each of the five areas, existing positive strategies already in place, areas of noncompliance and specific suggestions for improvement are listed.**

#### **Area 1. General Supervision**

Positive Strategies that address General Supervision

Areas of Noncompliance

Suggested Improvement Strategies for General Supervision

#### **Area 2. Child Find and Public Awareness**

Positive Strategies that address Child Find and Public Awareness issues

Areas of Noncompliance

Suggested Improvement Strategies for Child Find and Public Awareness

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### **Area 3. Timely and Comprehensive Evaluations**

Positive Strategies that address timely and Comprehensive Evaluations

Areas of Noncompliance

Suggested Strategies to improve timely and Comprehensive Evaluations

### **Area 4. Identification and Timely Provision of Services**

Positive Strategies to address Identification and Timely Provision of Services

Areas of Noncompliance

Suggested strategies to Improve Identification and Timely Provision of Services

### **Area 5. Transition**

Positive Strategies that exist to address Transition noncompliance Issues

Areas of Noncompliance

Suggested strategies to improve Transition

### APPENDIX K

#### BABYNET CIFMS CORRECTIVE ACTION PLAN TEMPLATE

**Note:** BabyNet System Mangers reviewed to date prefer incorporating the Corrective Action Plan into the body of the Summary Report of Findings.

#### Review Dates

#### CIFMS Review Processes:

**Desk Review** – The documents reviewed – included: BabyTrac data tables, BabyNet Coordination Team meeting minutes, district improvement plans Local Interagency Transition Agreements (LITA); Summaries from local record reviews; and complaints filed and processed on the local level.

**Record Review** – Fifteen records were reviewed from across all Service Coordination agencies.

**Parent Surveys or Meetings** – Parents (selected by the record review process) were be contacted and interviewed by \_\_\_\_\_(method).

**Focus Group Input** – Focus group input was collected from the following participant groups: 1) SPOE staff 2) BabyNet Coordination Tem members; 3) Service coordinators, and; 4) Private providers of BabyNet services.

**From these methods of exploration, the following findings were identified and listed within the five areas of compliance identified by OSEP in our state Compliance Agreement. Within each of the five areas, existing positive strategies already in place, areas of noncompliance and specific suggestions for improvement are listed.**

#### Area 1. General Supervision

Positive Strategies that address General Supervision

Areas of Noncompliance

Suggested Improvement Strategies for General Supervision

**LIST CORRECTIVE ACTION PLANS TO ADDRESS EACH INDIVIDUAL AREA OF NONCOMPLIANCE.**

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### **Area 2. Child Find and Public Awareness**

Positive Strategies that address Child Find and Public Awareness issues

Areas of Noncompliance

Suggested Improvement Strategies for Child Find and Public Awareness

**LIST CORRECTIVE ACTION PLANS TO ADDRESS EACH INDIVIDUAL AREA OF NONCOMPLIANCE.**

### **Area 3. Timely and Comprehensive Evaluations**

Positive Strategies that address timely and Comprehensive Evaluations

Areas of Noncompliance

Suggested Strategies to improve timely and Comprehensive Evaluations

**LIST CORRECTIVE ACTION PLANS TO ADDRESS EACH INDIVIDUAL AREA OF NONCOMPLIANCE.**

### **Area 4. Identification and Timely Provision of Services**

Positive Strategies to address Identification and Timely Provision of Services

Areas of Noncompliance

Suggested strategies to Improve Identification and Timely Provision of Services

**LIST CORRECTIVE ACTION PLANS TO ADDRESS EACH INDIVIDUAL AREA OF NONCOMPLIANCE.**

### **Area 5. Transition**

Positive Strategies that exist to address Transition noncompliance Issues

Areas of Noncompliance

Suggested strategies to improve Transition

**APPENDIX L**

**CIFMS TIMELINE/PLANNING DETAILS TEMPLATE FOR REVIEW**

Quarter/ Region	Pre-monitoring Dates	Monitoring Dates/Times/Agenda	Post Monitoring Dates

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